

Tumors cases

Case 1 (Master 11/2013)

A 67-years old female presented with itchy persistant erythematous well demarcated indurated plaque affecting the perineum of 1 year duration. The patient received many topical treatment without benefit. Histopathology was done & revealed the presence of intra epidermal large round pale staining cells with large nuclei with ample cytoplasm, cells may be present singly or in nests.

- a) What is your diagnosis?
- b) What are the possible DD for this case?
- c) Mention the possible underlying malignancy associated with this case?
- d) How can you manage this case?

Answer:

- a) Extramammary Paget's disease

Key points:

- 67-years old
- Itchy
- Persistant erythematous
- Well demarcated
- Large round pale staining cells with large nuclei with ample cytoplasm (Paget cells)

b) DD

- Bowen's disease
- Candidiasis
- Contact dermatitis
- Erythrasma
- Hailey-Hailey disease
- Intertrigo
- Lichen sclerosis
- Tinea cruris
- Superficial spreading melanoma

c) Adnexal adenocarcinoma in the dermis in 25% of cases. It may be secondary to extension of an adenocarcinoma of the rectum to perianal region, or of the cervix to the vulva, or of the urinary bladder to the urethra.

d) Surgical excision

Case 2 (Master 4/2011)

A 53 years old female presented with single, pruritic, marginated, crusted lesion affecting right nipple of 8 months duration. Histological examination revealed thickened epidermis with atypical round cells in cluster pattern.

a) What is your diagnosis?

b) What is the clinical DD?

c) What is the other clinical variety of this disease?

d) How would you manage this case?

Answer:

a) Paget's disease of the breast

Key points:

- 53 years old (old age)
- Female (almost exclusively in women)
- Pruritic, marginated, crusted
- Right nipple (Unilateral)
- Atypical round cells

b) DD

- Atopic dermatitis
- Bowen's disease
- Fixed drug eruption
- Irritant dermatitis
- Melanoma
- MF
- Nipple eczema
- Psoriasis
- Seborrheic dermatitis

- c) Extramammary paget's disease
- d) Modified radical mastectomy

Case 3 (Master 5/2014)

A 73-years old male patient complaining of asymptomatic skin lesions affecting the lower part of the left leg of 6 months duration. On examination the lesions are multiple, violaceous compressible papules & nodules. The course is slowly progressive.

- a) What is your diagnosis?
- b) Mention the other clinical varieties of this disease?
- c) What are the histopathological criteria of this case?
- d) What is your management?

Answer:

- a) Kaposi sarcoma

Key points:

- 73-years old (old age)
- Multiple, violaceous **compressible**

- b) Classical KS, Endemic African KS, Iatrogenic KS, Epidemic KS

c) Early lesions: Capillaries are dilated & increased in number, endothelial cells are large & may protrude into the lumen, diffuse chronic inflammatory infiltrate, extravasated erythrocytes, hemosiderin deposition

Late lesions: Vascular formation with predominance of endothelial cell, Spindle cell formations containing vascular slits filled with erythrocytes, edematous stroma contains extravasated erythrocytes.

d) Local: excision, cryotherapy, laser therapy, photodynamic therapy, radiotherapy
Intralesional injection: vinblastin, sclerosing agents (3% sodium tetradecyl sulfate),
INF α (3-5 million U/3times/week for 4 weeks)

Systemic: Immunotherapy (INF α 30-60 millionU/d, INF α + Zidovudine)

Chemotherapy: single agent :vinblastine , compined: vinblastine + vincristine

Case 4 (Master 11/2010)

A 10 years old female child presented with persistent hypopigmented patches of 6 months duration, covering about 10% of the body surface area. The lesions were pruritic & the histopathological study showed atypical lymphocytes in epidermis.

- a) What is your diagnosis?
- b) What is clinical DD?
- c) Mention the other clinical types of the disease?
- d) Enumerate different ttt lines of this case?

Answer:

- a) Mycosis fungoides

Key points:

- 10 years (hypopigmented MF found in child or back & buttocks)
- Persistent hypopigmented
- Atypical lymphocytes in epidermis (Epidermotropism **diagnostic**)

b) DD

- Atopic dermatitis
- Pityriasis alba
- Lichen sclerosis
- Morphea
- Nevus anemicus
- Nevus depigmentosus
- Sarcoidosis
- Tinea versicolour
- Tuberous sclerosis
- Vitiligo

c)

- Classical
- Bullous
- Hyperpigmented
- Folliculotropic

- Pagetoid reticulosis
- Granulomatous slack skin

d) Patch 10% = stage I

- Topical corticosteroid or topical bexarotene
- NB-UVB
- Local radiotherapy
- Total skin electron beam

Case 5

A 50 years old farmer developed a nodule above the inner canthus of the eye which progress into an ulcer with beaded edges.

- What is the likely diagnosis?
- Describe the histopathological features of this case?
- Enumerate the other clinical & histopathological variants of the condition?
- What are the different lines of therapy that may be used in this patient?

Answer:

a) Basal cell carcinoma

Key points:

- 50 years (old age)
- Farmer (sun exposed)
- Inner canthus (characteristic site)
- Beaded edges

b) Basaloid cells have a large, oval nucleus & little cytoplasm. The nuclei have a uniform, non-anaplastic appearance. It differs from basal cell by having a large ratio of nucleus to cytoplasm & by absence of intercellular bridges.

There are masses of various shapes & sizes in the dermis, composed of basaloid cells. The peripheral cell layer of tumor masses, show a palisade arrangement of nuclei.

CT stroma proliferates with the tumor arranged in parallel bundles around the tumor mass.

c) Variants:

- Nodulo-ulcerative
- Pigmented BCC
- Superficial BCC
- Morphea-like or sclerosing BCC
- Fibroepithelioma " of Pinkus"

d)

- Excision
- Mohs micrographic surgery
- Curettage & electrosurgery
- Cryosurgery
- Radiotherapy
- Photodynamic therapy
- CO2 laser
- Topical 5FU, imiquimod